

## INFORMATION RELEASE PERSON AUTHORIZATION

- The contract Purchaser should complete this form to authorize one or more person(s) to obtain verbal information about this contract. The Guaranteed Education Tuition Program refers to these individuals as Information Release Persons.
- Complete all sections of this form and include signature or processing will be delayed.
- If you are adding more than two Information Release Persons, please include a separate form.

### Current Contract Information

GET Contract Number \_\_\_\_\_

Purchaser \_\_\_\_\_

Name \_\_\_\_\_

SSN or TIN \_\_\_\_\_

Student \_\_\_\_\_

Name \_\_\_\_\_

SSN or TIN \_\_\_\_\_

### Information Release Person Information

1.

2.

☐ Add

☐ Remove

☐ Add

☐ Remove

Name (*First, Middle, Last, Suffix*) \_\_\_\_\_

SSN or TIN \_\_\_\_\_

Birth Date \_\_\_\_\_

Street Address/Apartment Number \_\_\_\_\_

Post Office Box Number \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

Home

Work

Home

Work

### Signature - REQUIRED

Only the contract Purchaser may authorize changes to the existing contract.

*I certify under penalty of perjury that I am the legal contract Purchaser and I authorize the Information Release Person(s) designated above to obtain verbal contract information concerning this Guaranteed Education Tuition Program contract.*

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Date

**Submit to:** Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or by Fax at 360-704-6200

**Questions:** GETInfo@hecb.wa.gov or 1-800-955-2318